## Office of Admission 2001 Newburg Road Louisville, KY 40205-0671 (800)274-4723 or (502)452-8131

## HIGH SCHOOL COUNSELOR EVALUATION

(Only required for freshman applicants)

		he information below, give this		
Student Name:	First	Middle (complete)	Ţ	
		Middle (complete)	Last	Jr., etc.
Address:	Street	City	State	Zip
Social Security Number: _			,	
•		d term of all courses you are taking t	his year.)	
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TO THE HIGH SCHOOL	College Couns	SELOR		
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		oth sides of this form to describ		
		students and has a cumulativ		on a scal
he rank covers a period from	OmtO (month/year) (month	If a precise rank is not a	vallable,	
olease indicate rank to the	nearest tenth from t	he top. The rank is: 🖵 Weigh	ted Unweighted.	
How many students share the	his rank?			
		olan to attend a four-year colleg	ge;% two year college	2.
n comparison to other coll	ege preparatory stud	lents at your school, the applica	ant's course selection is:	
· .	☐ Most demanding	☐ Demanding ☐ Average	Less than demanding.	
	J			
How long have you known	the applicant, and i	n what context?		
	. 1	1 1 1 1		
What are the first words the	at come to mind to	describe the applicant!		
-				
Counselor's Name: (Please p	rint or tube )			
Souriseioi s ivaine. (i ieuse p.		First	Middle Las	:
Position:			School:	
				Zip
School Address:				
School Address:		School		

This form may be detached and mailed separately from the admission application if preferred.

scale. (Please check transcript copies for readability.)

## Counselor Recommendation

Signature:	Date:				
I recommend this student:	☐ With reservation	☐ Fairly strongly	☐ Strongly	☐ Enthusiastically	
• .					
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